

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila  
District of Rice  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153  
County Registrar No. 12  
Local Registrar No. 7

2. Full name of child Mabel Miller (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other Triplet 5. No., in order of birth 2nd 6. Legitimate? yes 7. Date of birth 1 5 25  
Month Day Year

8. FATHER  
Full name Harry Miller

9. Residence (Usual place of abode) Rice Ariz  
If non-resident, give place and state.

10. Color or race 1/4 Indian 11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Sacramento (State or country) Ariz

13. Occupation Common Labor  
Nature of industry

14. MOTHER  
Full maiden name Cora C. Wilson

15. Residence (Usual place of abode) Rice Ariz  
If non-resident, give place and state.

16. Color or race 1/4 Indian 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Rice (State or country) Ariz

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 3 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10. A m. on the date above stated (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature C. L. Woods M.D. (Physician or midwife)  
Address Rice Ariz

Given name added from a supplemental report Month, day, year Filed \_\_\_\_\_, 19\_\_\_\_

Registrar Filed 2/6, 1925 Local Registrar C. H. Sawyer County Registrar G. E. Wray

449-105-365